

ISSUE SLIP STATE AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	W.A		05/01/01
FORMALITY REVIEW	BK	897	05-17-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1		4	
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30	✓	=	
31	✓	=	
32	✓	=	
33	0		
34	✓	=	
35	0		
36	✓		
37	✓		
38	✓		
39	0		
40	0		
41	0		
42	=		
43	=		
44	=		
45	✓		
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48	✓		
49	✓		
50	=		

Claim	Final	Original	Date
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Claim	Final	Original	Date
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